

Littlest Generals Preschool - Child's Medical Statement

Child's Name: _____ DOB: _____ Sex: _____

Physical Examination Date: _____ Normal for Age: _____ Abnormal: _____

Abnormalities noted: _____

Required Screening Tests:

Height: _____ Weight: _____ Blood Pressure: _____ Hematocrit: _____

Lead Screening: _____

Type of Hearing Test:		Vision Screening:	
Left	Right	Acuity Right	Acuity Left
		Stereopsis:	

Allergies: _____

Immunization Record: Enter month/day/year of each immunization.

HEP B	1	2	3		
DPT/DtaP	1	2	3	4	5*
POLIO	1	2	3	4*	
MMR**	1	2			
HIB	1	2	3	4	
PREVNAR (pneumococcal vaccine)	1	2	3	4	
VARIVAX (chicken pox vaccine)	1				

- The 5th DPT, 2nd MMR, Hematocrit, Lead Screening and 4th Polio should be administered just prior to preschool or school entrance
- If measles, mumps, rubella are not given as MMR, give dates for each immunization:

Measles: _____ Mumps: _____ Rubella: _____ Chicken Pox disease: _____

_____ Is to be exempted from these requirements for medical or religious reasons.

This child is free from apparent communicable disease, is in suitable condition for enrollment in a preschool classroom or child day care center and has had the immunizations required by Chapter 3313.671, Ohio Revised Code for Admission to School.

Physician's Signature: _____ Date: _____

Physician's Name: _____

Physician's Address: _____ Phone: _____

Send or Fax completed form to:

Wooster City Schools
 Attn: Littlest Generals
 101 W Bowman St
 Wooster, OH 44691
 330.988.1111 Ext 7803
 Fax: 330.262.7611